

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-002736

STATE FILE NUMBER

AMENDED

Registration District No. 250  
JAN 31 1962

Primary Registration District No.

Registrar's No.

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mercer</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>                   |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Princeton</u>  |   | c. CITY OR TOWN <u>Princeton</u>  |                                     |
| Length of stay in 1b<br><u>51 yrs</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>402 College Ave.</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>402 College Ave.</u>  |                                     |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Moody</u> Middle <u>C.</u> Last <u>Balman</u>   |   | 4. DATE OF DEATH<br>Month <u>I</u> Day <u>19</u> Year <u>1962</u>   |                                     |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5/4/1886</u> |
| 9. AGE (last birthday)<br><u>75</u>  |   | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>15</u> Hours <u></u> Min. <u></u>  |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grain &amp; Stock</u>   |                                     |
| 11. BIRTHPLACE (City and state or country)<br><u>Chula - Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                     |
| 13a. FATHER'S NAME<br><u>John W. Balman</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Kilburn</u>  |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><u>Etta Balman</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>none</u>                        |                                     |
| 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT<br>Address<br><u>Mrs. Etta Balman-Princeton-Missouri</u>  |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u><br>DUE TO (c) <u>Arteriosclerosis Heart Disease</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instant</u><br><u>Unknown</u><br><u>Unknown</u>  |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                     |
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u><br>Month, Day, Year <u></u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                     |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION. COUNTY STATE  |                                     |
| 21. I attended the deceased from <u>never attended him before</u> and last saw her <u>9 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.<br>Death occurred at <u>9 a.m.</u>   |   |   |                                     |
| 22a. SIGNATURE<br><u>William J. Buffin MD</u> (Degree or title)  |   | 22b. ADDRESS<br><u>Univ. of Missouri Med Center</u>   |                                     |
| 22c. DATE SIGNED<br><u>1-21-62</u>   |   | 22d. LOCATION (City, town, or county) (State)<br><u>Mercer County - Missouri</u>  |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Jan. / 21 / 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hunter Cemetery</u>  |                                     |
| 24. FUNERAL DIRECTOR<br><u>Martin &amp; Azbell-Princeton-Missouri</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-21-62</u>  |                                     |
| 26. REGISTRAR'S SIGNATURE<br><u>Heal</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Heal</u>  |                                     |

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lyman Ogden*

Licensed Embalmer No. 5020

P. O. Address Princeton-Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.